

**North Carolina Division of Motor Vehicles**  
 3155 Mail Service Center  
 Raleigh, North Carolina 27699-3155

## APPLICATION FOR A **NURSES** LICENSE PLATE

***Remit a \$25.00/\$55.00 check or money order with this application.***

☐ Regular Nurses **\$25.00**

☐ Personalized Nurses **\$55.00**

**NOTE:** You are allowed four (4) spaces for a personalized message. **N** \_ \_ \_ \_

The \$25.00/\$55.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

### Home

\_\_\_\_\_  
 AREA CODE-TELEPHONE NUMBER

### Office

\_\_\_\_\_  
 AREA CODE-TELEPHONE NUMBER

NAME (To agree with certificate of title)					
FIRST	MIDDLE	LAST			
_____ ADDRESS					
_____ CITY					
STATE			ZIP CODE		
<b>Current North Carolina</b>					
_____ PLATE NUMBER		_____ VEHICLE IDENTIFICATION NUMBER			
_____ DRIVER LICENSE #		_____ YEAR	_____ MODEL	_____ MAKE	_____ BODY STYLE

### Owner's Certification of Liability Insurance

I CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ABOVE THAT I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW.

\_\_\_\_\_  
 PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN N.C. – NOT AGENCY OR GROUP

\_\_\_\_\_  
 POLICY NUMBER – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE

\_\_\_\_\_  
 SIGNATURE OF OWNER

\_\_\_\_\_  
 DATE OF CERTIFICATION